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APPLIED BIOSYSTEMS

SEP 21 2005

508 383 7468 P.05/17

PTO/SB/31 (02-01)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) BP0002-US															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Fax CERTIFICATION</td> <td style="padding: 5px;">In re Application of Coull et al.</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date of Deposit: <u>9/20/2005</u></td> <td style="padding: 5px;">Application Number 09/996,658</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> I hereby certify that this correspondence is being facsimile deposited (Fax No. 571-273-8300) on the date indicated above and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </td> <td style="padding: 5px;">Filed 11/29/2001</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Signature: <u><i>Brian D. Gildea</i></u> Print Name: <u>Brian D. Gildea</u> </td> <td style="padding: 5px;">For METHODS AND COMPOSITIONS FOR SORTING AND/OR DETERMINING ORGANISMS</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Group Art Unit 1634</td> <td style="padding: 5px;">Examiner Bradley L. Sisson</td> </tr> </table>			Fax CERTIFICATION		In re Application of Coull et al.	Date of Deposit: <u>9/20/2005</u>		Application Number 09/996,658	I hereby certify that this correspondence is being facsimile deposited (Fax No. 571-273-8300) on the date indicated above and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		Filed 11/29/2001	Signature: <u><i>Brian D. Gildea</i></u> Print Name: <u>Brian D. Gildea</u>		For METHODS AND COMPOSITIONS FOR SORTING AND/OR DETERMINING ORGANISMS	Group Art Unit 1634		Examiner Bradley L. Sisson
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner, dated 04/20/05, rejecting the following claims: <u>1-50</u>.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u>.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>01-2213</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a): _____</p> <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;"> <u>9/20/05</u> Date </td> <td style="width:60%; text-align: center;"> <u><i>Brian D. Gildea</i></u> (Signature) </td> </tr> <tr> <td style="width:40%; text-align: center;"> </td> <td style="width:60%; text-align: center;"> <u>Brian D. Gildea</u> <u>39,995</u> (Typed or printed name) (Reg. No.) </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*</p> <p><input type="checkbox"/> * Total of _____ forms are submitted.</p>			<u>9/20/05</u> Date	<u><i>Brian D. Gildea</i></u> (Signature)	 	<u>Brian D. Gildea</u> <u>39,995</u> (Typed or printed name) (Reg. No.)											
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